Allergy Abstracts

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Asthma and Hay Fever

Use and Abuse of Corticotropin (ACTH) and Cortisone in Allergic Conditions.
Unger, L., and Unger, A.: Ann. Int. Med. **40**: 721, 1954.

Discretion in the use of corticotropin (ACTH) and cortisone is urged. It is pointed out that these drugs afford symptomatic relief and are not curative. Because of the potential untoward reactions which they may produce, they should be used only in carefully selected patients. The necessity for careful allergy survey and adequate treatment based on this survey is stressed.

The prompt use of corticotropin (ACTH) or cortisone is suggested in critical cases, such as serious serum sickness, severe asthma, and exfoliative dermatitis. Excellent results were obtained in all of 8 patients in this group. Treatment with these drugs is also recommended in those patients in whom allergic management has failed. There were 77 patients in this group. Of 50 patients

with bronchial asthma, results were excellent in 16, good in 26, and poor in 8. Results were good in all of 4 patients with hay fever treated with cortisone at the height of the season. Of 6 patients with severe perennial allergic rhinitis, results were excellent in 4, with some improvement in the other 2. Less satisfactory results were obtained in the dermatitis group, consisting of atopic eczema, contact dermatitis, erythema multiforme, and a few cases in which the etiology was not clear. There was recurrence of symptoms in 20 of the 77 patients when the drug was stopped. Thirty-nine patients had to be continued on maintenance therapy. The technique of administration of the drugs is described.

In 11 of the 85 patients, the writers observed the following side effects: edema in 6; peptic ulcer in 2; headache in 1; acne in 1; and the appearance of tubercle bacilli in the sputum of 1 patient.

Allergy to these hormones themselves has been reported in the literature. Allergic reactions varying from mild urticaria to profound shock have been described. In those cases where a reaction occurs to one drug, it is usually possible to substitute the other. J. S.

Intravenous Hydrocortisone in Allergy. Preliminary Report. Grater, W. E.: Ann. Allergy **13**: 191, 1955.

Six patients with severe bronchial asthma were studied to determine the rapidity with which intravenous hydrocortisone would effect clinical relief. A base line on the vital capacity and maximal breathing capacity was determined for each patient and total eosinophile counts were made prior to the institution of therapy. One hundred to 300 mg. of hydrocortisone was infused over a 6-hour period and eosinophile counts, vital capacity, and maximal breathing capacity studies were done hourly. Each patient in the series showed significant to complete eosinopenia within 6 hours and in 3 cases significant eosinopenia was noted within 1 hour. Changes in the vital capacity and maximal breathing capacity closely paralleled each other and were correlated with clinical improvement. Four of the 6 cases obtained good relief from the therapy in from 5 to 6 hours. The 2 patients who failed to respond adequately reacted favorably in 48 hours when given oral cortisone in doses of 60 mg. every 6 hours. Another patient with severe urticaria and laryngeal edema was treated with 200 mg. of intravenous hydrocortisone over a 14-hour period. In 1 hour there was subjective improvement and in 5 hours the urticaria had completely disappeared. H. F.

Pressor Drugs. IV. The Safety of Inhalational Therapy in Human Patients. Digilio, V. A., and Munch, J. C.: Ann. Allergy **13**: 257, 1955.

The effect of large inhalation doses of levo- or racemicepinephrine was studied in a group of 102 individuals. The patients comprising the series suffered from various cardiac diseases, diabetes, and hyperthyroidism, all of which conditions are regarded as being adversely affected by epinephrine. The average dose for the treatment of bronchial asthma is 4 inhalations. For this study, the authors wished to give a larger quantity and, therefore, adopted a "standard dose" of 48 inhalations. An occasional patient received 96 inhalations. These massive doses produced no appreciable change in the electrocardiogram findings, blood pressure readings, pulse rates, or blood sugar levels in any of the patients in this series. H. F.

Summer Blooming Lamb's-Quarters. A Factor in Inhalant Allergy. Blue, J. A.: Ann. Allergy **13**: 304, 1955.

Chenopodium paganum Reichenb (summer blooming lamb's-quarters) is an early-pollinating member of the goosefoot family. It is found in abundance throughout the United States, except in the southeast and extreme west. Intracutaneous tests with a 1:1,000 dilution of the extract of the pollen gave positive reactions in a large percentage of the 500 allergic patients tested. The results of the study indicate that this pollen is antigenically active and must be considered as a possible cause of symptoms in those patients who are not controlled by the usual pollen extracts. Treatment of the positively reacting patients in this series gave encouraging results. H. F.

Dermatology

Allergic Contact Dermatitis Due to Histamine-Releasing Drug 48-80. Benjamin, F. B., Beerman, H., and Shelley, W. B.: Arch. Dermat. **71**: 190, 1955.

Following repeated intradermal injections with 48-80, a histamine-releasing drug, in the same area for five consecutive days, the subject developed a marked histamine reaction at the injection site. This reaction consisted of pain, pruritus, erythema, and whealing. The response became less intense each succeeding day, presumably due to histamine depletion. Four weeks later the patient developed a tender inflammatory nodule in the area where the tests had been performed. The lump persisted for six months and measured 1.5 cm. in diameter. It was fibrotic at first and then became cystic and fluctuant. Subsequently, the drug was introduced into the skin by iontophoresis. In each site the patient developed a sharply circumscribed eczematoid reaction with erythema, papules, and vesicles. With the continued introduction of 48-80 iontophoretically, not only did local reactions occur, but a recrudescence of the dermatitis in the previously treated sites also took place. The inflammatory nodule also flared up with the other iontophoretically treated areas. At no time did the presence of the allergic reaction interfere with the pharmacologic action of the drug.

The subject was then patch tested with 18 different common contactants. Except for the patch test with 48-80, all of these tests gave negative reactions. Control patch tests in three normal individuals with 48-80 gave negative reactions. A punch biopsy was taken of the positive patch reaction site. It showed vesiculation and a typical allergic contact dermatitis. When 48-80 was injected intradermally into controls, no allergic reaction or delayed nodule formation developed, but the typical pharmacologic response was observed. The authors point out that other workers had previously suspected that histamine liberators, because of their chemical structure, would be "likely to sensitize the skin and elicit allergic reactions." R. W.

Contact Dermatitis From Platinum and Related Metals. Sheard, C., Jr.: Arch. Dermat. **71**: 357, 1955.

The author observed a 35-year-old woman who had had a dermatitis for 18 months on her left third and fourth fingers and on the fourth finger of her right hand. She had worn platinum rings since her marriage 9 years previously. Elimination of contact exposures in her housework had failed to relieve the rash. The patient had a positive family history for allergy and a personal history of urticaria following the ingestion of fish. After the onset of the dermatitis, she had used a ring cleaner called Scintilla (also known as Jewel

Water), but she had thoroughly washed the rings with soap and water after using the cleaner. The patient readily admitted switching the rings from her left to her right hand after the onset of dermatitis, which accounted for the presence of the rash on both hands. Examination of her rings revealed that the wedding ring contained 90 per cent palladium and 10 per cent ruthenium and that the engagement ring contained 90 per cent platinum and 10 per cent iridium.

The patient was patch tested with pure platinum (commercial grade), with a specimen containing 90 per cent platinum and 10 per cent iridium, with a rhodium-plated ring, and with her own rings. All except the rhodium-plated ring yielded markedly positive reactions within 48 hours. The metals of the platinum series include iridium, osmium, rhodium, palladium, ruthenium, and platinum. The authors point out the fact that sufficient differences exist between some metals of the series to prevent cross reactivity in the group. A patch test on this patient with 5 per cent nickel sulfate yielded a weakly positive reaction. Exact metallurgic analysis of the rings, however, showed that they contained only a trace amount (0.01 per cent) of nickel. The other jewelry which she wore contained substantial amounts of nickel, but had never caused dermatitis. For five weeks after her rings had been heavily plated with rhodium, the patient was able to wear them with no untoward reaction, but then the dermatitis returned, indicating that either some of the plating had worn off or that she had become sensitive to rhodium. The author emphasized the fact that sensitivity to pure platinum, although uncommon, does exist. It should be thought of as a possible cause of contact dermatitis in individuals such as jewelers, platinum refiners, and dentists who have excessive exposure to it. R. W.

An Etiologic Appraisal of Hand Dermatitis. I. The Role of Soap and Detergents As Sensitizers. Jambor, J. J., and Suskind, R. R.: J. Invest. Dermat. **24**: 379, 1955.

The role of soaps and detergents in the production of hand dermatitis was evaluated in 57 patients. Closed type patch tests were performed with various contactants, which included a group of 42 common substances and freshly prepared 1 per cent aqueous solutions of 9 commercial soaps and synthetic detergents. Clinical testing by controlled usage tests was carried out with each substance that gave a positive patch reaction or was a suspect by history. Specific reactions could not be elicited with commercial soaps or synthetic detergents. In this study, no attempt was made to determine whether or not these substances acted as primary irritants. In 17 of the subjects, the principal etiologic factors were discovered. These included chromate, nickel, rubber, petroleum fractions, dyes, lanolin, phenolphthalein, shoe leather, hand lotions, Rhus, cologne, and blue printing ink. In 5 patients, specific contact sensitivity was superimposed upon a pre-existing cutaneous condition, such as atopic dermatitis or dyshidrosis.

A wide variety of lesions was found among the patients in this series. Several cases of interdigital dermatitis which clinically resembled moniliasis cutis were proved to be due to an allergic type of specific cutaneous hypersensitivity. A case of lanolin sensitivity manifested fissuring and hyperkeratosis of discrete areas of the palms with only minimal vesiculation of the dorsa of the hands. These findings were considered evidences of the pitfalls encountered in a purely morphologic approach to the diagnosis of hand dermatitis. About 25 per cent of the cases probably were not cases of contact

dermatitis. Patients with a secondary contact dermatitis superimposed upon some other skin disease responded satisfactorily after the proper diagnosis was made and both conditions were treated. M. C.

An Etiological Appraisal of Hand Dermatitis. II. The Role of Soaps and Detergents as Primary Irritants. Jambor, J. J.: J. Invest. Dermat. **24**: 387, 1955.

The irritative action of synthetic detergents and soaps was evaluated by means of an immersion technique in 22 subjects with symmetrical dermatoses affecting both hands. The right hand of each subject was immersed for one-half hour in a bath containing a 0.5 per cent concentration of soap or detergent solution at 105° F. As a control, the left hand was immersed in tap water of the same temperature. The hands were examined at intervals with a binocular dissecting microscope and with an erythrometer to determine the degree of erythema, scaling, fissuring, or exudation which developed. This passive single immersion technique failed to elicit a persistent irritative effect by soaps and detergents. It was considered likely that the failure to elicit reactions may have been due to the infrequency of immersions and also to the lack of the simultaneous effect of mechanical irritation and of other substances present in dishwater. M. C.

Inhalant Allergens in Dermatitis. Role in Dermatitis of The Hands. Jillson, O. F., and Piper, E. L.: Arch. Dermat. **71**: 436, 1955.

The subject of inhalant allergens as a cause of eczema is thoroughly reviewed. Several cases are described in detail. The following criteria for a diagnosis of inhalant allergens as a cause of eczema were established by the authors: "(1) a positive 24- to 48-hour papular type of response (or a delayed one-week eczematoid response) to the intradermal skin test, using the suspected antigen; (2) a flare of the dermatitis coincident with or shortly after the cutaneous test becomes positive; (3) seasonal incidence agreeing with the positive skin test; (4) control of the dermatitis on removal of the causative allergens or after proper desensitization."

For testing those cases in which inhalants were suspected as the cause of the eczema, the following 9 test materials were recommended: dust, 1:10; trees, 100 P.N.U./c.c. (composite of ash, birch, hickory, oak, and poplar); timothy, 100 P.N.U./c.c.; ragweed, 100 P.N.U./c.c.; molds, 1,000 P.N.U./c.c. (composite of Mucor, Helminthosporium, Alternaria, Penicillium, Trichoderma, Aspergillus niger, Aspergillus fumigatus, Cladosporium, and Cephalothecium); feathers, 1,000 P.N.U./c.c.; wool, 1,000 P.N.U./c.c.; staphylococcus ambotoxoid, 1:20; and trichophytin, 1:30.

Desensitization was carried out by use of extremely dilute antigens, given in fixed amounts and usually self-administered. The concentration of antigen used was the amount which, when injected intracutaneously, did not produce a local reaction or a systemic flare. Injections were given twice weekly until the dermatitis had cleared; then the interval between injections was prolonged to three or four weeks. The average dose which most patients received was 0.1 c.c. of a 1:100,000 dilution or 0.1 P.N.U./c.c. Most patients failed to respond until they had received at least six or eight weeks of therapy. Treatment was required for at least one year in all cases for the condition to be properly controlled.

The addition of staphylococcus antigen to the treatment program often seemed to be of value in some cases. The authors stress the importance of

inhalant allergens as a cause of dermatitis, especially of the hands. The fact that the rash usually responds so well to desensitization therapy with extremely small amounts of antigen is also emphasized. R. W.

Miscellaneous Allergies

Dramatic Response to Cortisone Therapy in a Case of Serum Neuritis. Smith, H., and Smith, H., Jr., J. A. M. A. **157**: 906, 1955.

A 37-year old man developed severe pain and weakness in the right shoulder and milder pains in the other extremities eight days after he had received three injections of tetanus antitoxin following an injury. On examination, the shoulder muscles and biceps of the right arm were quite weak and there were scattered areas of hypalgesia. The right deltoid supraspinatus and infraspinatus muscles were atrophied. A diagnosis of "polyneuritis due to tetanus antitoxin serum neuritis" was made. The right fifth and sixth cervical nerves were regarded as being primarily involved. The patient was given 300 mg. of cortisone during the first 24 hours, with considerable degree of relief from the pain. Daily doses of 200 mg. of cortisone were given thereafter. The patient was discharged from the hospital after ten days, with very little pain and some improvement in muscle strength. At the time of discharge, the patient was able to raise the right arm 45 degrees from the vertical. It was felt that cortisone had produced a "prompt and dramatic improvement" of the serum neuritis in this case. M. C.

Fatal Poisoning With Dibucaine Hydrochloride (Nuporal) Lozenges. McClenahan, W. U.: J. A. M. A. **158**: 565, 1955.

A 3-year-old child accidentally ingested 8 Nuporal troches, an anesthetic lozenge containing 1.0 mg. of dibucaine (Nupercaine) hydrochloride. The child had a normal history except for a mild atopic dermatitis. No other evidence of allergy was present. On several occasions previously, the child had ingested 1 or 2 such troches. Within 20 minutes after ingestion of the 8 troches, the patient was hospitalized and gastric lavage was instituted. Despite this and other therapy, a comatose state developed in about 2 hours. There was also present a soft edema of the face and neck, cyanosis, and a drop in blood pressure. This was followed by a general flaccid state and the cessation of respiration. Death occurred 8 hours after the ingestion of the troches. An autopsy failed to reveal any apparent cause of death. The relatively small dose of dibucaine which had been ingested and produced this fatal reaction would seem to indicate that a sensitization or idiosyncrasy to the drug had been present. The generalized soft, nonpitting edema which had occurred was considered to be evidence of an allergic reaction. M. C.

Drug Eruption From Sulfonamides. Minimal Oral Dose of Sulfadiazine, Sulfamerazine, and Sulfamethazine to Detect Their Sensitivity. Gaul, L. E.: Arch. Dermat. **71**: 740, 1955.

A 65-year-old man who developed an erythema multiforme eruption coincident with a fixed drug eruption following the ingestion of a pill containing 150,000 units of penicillin, 0.167 Gm. of sulfamerazine, 0.167 Gm. of sulfadiazine, and 0.167 Gm. of sulfamezathine was observed. He had taken about 30 of these pills on two previous occasions during the year preceding his eruption. The rash was manifested by an oozing dermatitis on the left upper back plus a macular eruption on his face. neck, upper torso, and extremities. There was no history of previous therapy with sulfonamides or penicillin.

Patch test with two ointments which the patient had recently used gave negative reactions. He was given a test dose of 150,000 units of penicillin and showed no untoward reaction to it. Several days later a test dose of 0.125 Gm. of sulfamerazine was given. About six hours later, the patient developed itching and noticed several red blotches. Approximately twelve hours following ingestion of the pill, the fixed eruption showed erythema, edema, and vesiculation; in addition, numerous macules were present all over the upper part of the body. Two weeks later, sulfamezathine was similarly tested and gave the same response, except that there was no flare-up of the fixed site. When 0.125 Gm. of sulfadiazine was administered in a test dose two weeks later, the same response took place, including a flare-up of the fixed site.

In order to find the minimal dose of sufadiazine necessary to produce a positive hypersensitivity response, the patient was fed capsules which contained sulfadiazine combined with lactose. They were made up in dilutions ranging from 1:100 to 1:10,000,000. The patient was given numbered capsules and was instructed to take one every other day, starting with the weakest dilution first. The capsule containing the 1:1,000 dilution produced mild itching a few hours after ingestion but caused no actual eruption. When he took the 1:100 dilution, however, he had a definite flare-up twelve hours later, although the fixed site did not participate in the eruption. Similar concentrations of sulfamerazine and sulfamezathine also produced flare-ups of the eruption. The author suggests that this method of giving test doses of a drug might be useful in determining the existence of sensitivity before prescribing a medication or in proving the specific cause of a possible drug sensitivity. R. W.

Severe Para-aminosalicylic Acid Hypersensitivity. Blood and Lymph Node Studies. Cannemeyer, W., Thompson, J. R., and Lichenstein, M. R.: Blood **10**: 62, 1955.

Fourteen hospitalized patients among 5,000 receiving para-aminosalicylic acid (PAS) as a part of their antituberculous therapy developed severe allergic reactions to the drug. The average daily dose of the medication was 12 Gm., given in 3 equally divided doses. The reactions occurred 15 to 43 days after the onset of therapy and were characterized by high temperatures, diffuse eruptions, and pruritus. The rash was erythematous, macular, or morbilliform; in one instance it was urticarial. The pruritus was severe, and chills usually accompanied the fever. The patients also complained of nausea, burning and lacrimation of the eyes, as well as headache and generalized malaise. Lymph adenopathy was present in 11 of the 14 cases and was most prominent in the cervical area. Liver involvement occurred in 5 patients, 2 of whom were obviously jaundiced. Three patients also had splenomegaly.

The most consistent hematologic findings observed in the 14 patients at the height of their reactions were a relative or absolute lymphocytosis with atypical forms and an eosinophilia. The atypical lymphs were similar to the cells seen in infectious hepatitis, mononucleosis, "viral" respiratory disease, and allergic states. Most of the cells resembled the Downey type I form. The percentages observed varied from 1 to 21 per cent of the total leukocytes. The eosinophile counts ranged from 7 to 50 per cent, but in most patients they ranged from 12 to 25 per cent. The eosinophile count usually returned to normal gradually within 3 to 6 weeks after the onset of the allergic reaction.

The total leukocyte counts were usually in the normal range, but 2 patients had counts above 20,000 at the height of their reactions, while 3 other patients had a leukopenia (3,500 to 4,500). All patients showed a neutrophilic left

shift. Band forms as high as 50 per cent and toxic granulation were seen in patients who had just received a test dose of the drug. None of the patients developed a significant anemia and only 5 showed any easily discernible change in their red counts (300,000 to 500,000 per cubic millimeter) with a hemoglobin value (0.8 to 1.5 Gm.) below the prereaction level. The entire blood picture returned to its prereaction status in from 3 to 4 weeks.

After a trial dose of the drug, a typical hematologic response was as follows: "Pronounced neutrophilic leukocytosis with a marked left shift and toxic granulation. This phase lasted from 5 to 8 hours and was followed by a rapid increase in eosinophiles, a drop in neutrophiles, a marked increase in lymphocytes with a preponderance of large forms and a few plasma cells. Within 24 hours atypical lymphocytes appeared, although fewer in number than in the original reaction. Test dose reactions usually lasted from 3 to 5 days and within a week all blood elements would again approach normal levels."

Studies with heat-killed *Staphylococcus aureus* showed that the neutrophiles, eosinophiles, and monocytes demonstrated active phagocytosis, but that the lymphocytes (normal and atypical) failed to exhibit this property.

Bone marrow studies showed a tendency to a left myeloid shift and a definite increase in eosinophiles. No L. E. cells were found in the marrow.

Cold agglutination tests and Paul-Bunnell reactions were performed repeatedly in each patient and gave consistently negative reactions.

Posterior auricular lymph nodes were biopsied in 7 patients. On microscopic examination, they showed loss of the normal architectural pattern and marked hyperplasia of the reticuloendothelial elements. A significant number of immature lymphocytes and eosinophiles were observed. In each instance the capsule of the node was intact and showed no signs of any abnormal change.

Positive patch reactions frequently resulted following the application of a 35 per cent concentration of the drug incorporated in a lanolin base. Scratch, intracutaneous, and passive transfer tests produced very few significant reactions. The positive patch responses produced erythema and nodule formation. In summation, the authors note the great similarity between the allergic response to PAS and infectious mononucleosis and infectious hepatitis. They suggest that some of the findings in viral diseases may be due to a hypersensitivity to chemical products derived from the virus, rather than to the infection per se. R. W.

Pharmacology, Physiology, and Pathology

Effect of Massive Antigen Dosage on Antigen Retention and Antibody Response in Rabbits. Johnson, A. G., Watson, D. W., and Cromartie, W. J.: Proc. Soc. Exper. Biol. & Med. **88**: 421, 1955.

Eleven rabbits were injected intraperitoneally for 5 days with large doses of bovine albumin solution. Five of these rabbits retained antigen in their blood for as long as 50 days. The remaining six rabbits cleared the antigen completely from the circulation within 20 days. In the latter group, 4 animals demonstrated precipitins to albumin after the antigen had disappeared from the circulation. In the former group, only one animal showed demonstrable antibody after antigen elimination. It was assumed that residual but undetectable antigen was still present within the animals of this group. These experiments suggest that antibody formation might be suppressed until all antigen has been eliminated from an antibody-forming site. A normal rabbit was then given large doses of bovine albumin for 10 days; no antibody was detected at the end of this time. Twenty-four days later a second 5-day series of antigen injections was given. A similar slow rate of antigen elimination

was noted after each series of antigen injections, and again no antialbumin antibody was detected. Pathologic studies done on this rabbit failed to show any abnormalities. Another rabbit was immunized with bovine albumin until an appreciable antibody titer had developed. Frequent small doses of antigen were then given over a period of 7 days until a large total dose had been administered. In this immunized animal the antigen was eliminated rapidly up to 20 days, following which antibody again appeared in the serum.

These results confirm the findings of others that the rate of elimination of antigen is an indicator of the degree of immune response. However, it is possible that antigen retention is not the result of lack of ability to form antibody but, rather, a result of inability to rid antigen from the tissues. It is suggested that the mechanisms involved in serum sickness and the late sequelae associated with streptococcal infections may depend on a different rate of elimination of antigen by the various organs of the host. Thus, in rheumatic fever, antigen may be retained in the heart, but eliminated in the spleen, thereby permitting antibody formation in the spleen. This antibody may interact subsequently with the antigen in the heart, resulting in characteristic lesions. B. S.

Effect of Infusions of Polyvinylpyrrolidone on the Immune Response in Rabbits. Maurer, P. H., Dixon, F. J., and Dukstein, W.: Proc. Soc. Exper. Biol. & Med. **88**: 550, 1955.

Rabbits were sensitized with a water-in-oil adjuvant, mixture of bovine gamma globulin (BGG) and dead tubercle bacilli. After a relatively constant level of circulating antibody to BGG was reached, the animals were given a varying number of injections of polyvinylpyrrolidone (PVP). Within 4 to 14 days after the PVP infusions, a precipitous decrease in circulating antibody was noted, the titer remaining low for at least another 40 days. Rabbits similarly sensitized with BGG were found to maintain a relatively constant antibody level for at least 300 days. Since no significant change in the total serum protein levels was noted, it was felt that the decrease in antibody titer could not be explained on the basis of dilution. In another series of experiments, rabbits were given a varying number of infusions of PVP and then were sensitized with an intravenous injection of I^{131}-labeled BGG. There was no significant difference in the antibody response in this group and in a group of animals not previously treated with PVP. All animals receiving PVP were sacrificed from 5 to 6 weeks after the last infusion and were found to have vacuoles filled with a homogenous blue-gray material in various portions of the reticuloendothelial system. This material was thought to be PVP, perhaps combined with protein.

The authors concluded that PVP has a depressing effect on preformed antibody in rabbits, but has little effect on the ability of rabbits to respond to subsequent immunization. The mechanism by which PVP affects circulating antibody remains uncertain. B. S.

Serum Glycoprotein Concentrations Following Immunization in the Rabbit. Weimer, H. E., Jameson, E., Redlich-Moshin, J., Quinn, F. A., and Nelson, E. L.: Proc. Soc. Exper. Biol. & Med. **88**: 571, 1955.

Rabbits were immunized with horse serum, bovine or human albumin, or with various types of bacterial antigens. Electrophoretic, chemical, and antibody studies done on the rabbit sera following immunization revealed certain significant changes. A marked increase in serum gamma globulin with smaller

increases in alpha and beta globulin occurred coincident with a marked decrease in serum albumin. The total serum protein values remained relatively unchanged. A small increase occurred in the total serum glycoprotein level in the immunized animals with greater increases in the concentration of gamma globulin polysaccharide and seromucoid fractions. Thus, both the polysaccharide and protein moieties of the gamma globulin fraction increased following immunization. These increases could not be correlated with the antibody levels. Similar studies done on control animals, injected with saline by various routes, failed to show any significant chemical changes. B. S.

Effect of Cortisone on Plasma Globulins in the Dog. Studies by Paper Electrophoresis. Bossak, E. T., Wang, C. I., and Adlersberg, D.: Proc. Soc. Exper. Biol. & Med. **88**: 634, 1955.

Plasma of dogs was analyzed for proteins and lipoproteins by paper electrophoresis under various experimental conditions. After being on a diet of meat, vegetables, and milk, one group of dogs received a series of injections of cortisone, while another group was given daily supplements of cholesterol in addition to the cortisone injections. Control groups were fed the basic diet alone or with the additional cholesterol and were not given cortisone. A selective elevation of alpha-2 globulin to twice the normal value was noted in the plasma of the animals that had received cortisone. There was an associated drop in beta globulin, with no change in albumin or total protein. A moderate elevation of plasma lipid fractions and a slight increase in beta lipoprotein was noted in the plasma of those dogs on cholesterol supplements. There were no significant changes in lipids or lipoproteins in the plasma of dogs on cortisone alone. It was concluded that the selective rise in plasma alpha-2 globulin and fall in beta globulin noted in dogs after cortisone administration were independent of any associated lipid changes. These plasma protein changes have not been observed in human beings or rabbits receiving cortisone. B. S.

Effect of Roentgen Irradiation and Other Types of Injurious Agents on Capillaries. Rieser, P.: Proc. Soc. Exper. Biol. & Med. **89**: 39, 1955.

The pressure required to break mesenteric capillaries of the frog was determined by a microinjection method and used as an index of capillary fragility. The average breaking pressure of mesenteric capillaries in the normal frog was 87 mm. of mercury. The breaking pressures of capillaries in frogs after roentgen irradiation, heparin injection, and trypsin and peptone shock ranged between 21 and 37 mm. of mercury. The author suggests that the increased capillary fragility noted after roentgen irradiation and after trypsin and peptone shock is due to a liberation of heparin into the circulation of the animals. B. S.

Relative Sensitivity of Circulating Eosinophils and Capillary Resistance to Exogenous Cortisone. Wilhelmj, C. M., Shuput, D., Gunderson, D. E., and McCarthy, H. H.: Proc. Soc. Exper. Biol. & Med. **89**: 119, 1955.

When dogs were maintained on a normal diet and injected with less than 1 mg. of cortisone per kilogram per day, no significant changes were noted in the level of circulating eosinophils or in the value of the capillary resistance. An increase in the dose of cortisone from 1.0 to 1.9 mg. per kilogram per day caused a fall in the circulating eosinophils, but no significant change in capillary resistance. Cortisone dosage of from 2 to 2.8 mg. per kilogram per day induced a significant elevation of capillary resistance. When dogs were maintained

on diets high in animal fat, rather than on a normal diet, larger amounts of cortisone were required to cause a significant elevation of capillary resistance. The amount of cortisone required to affect the capillary resistance did not change when high-protein diets were fed. The authors suggest that the value of the capillary resistance and the level of circulating eosinophils may serve as joint indices for the approximate degree of activity of the pituitary-adrenal cortical system. These values may be altered by the composition of the diet. B. S.

Miscellaneous

Immunization Adenitis. Lapin, J. H., and Tuason, J.: J. A. M. A. **158**: 472, 1955.

Two infants who had received injections of a mixture of whooping cough vaccine and diphtheria and tetanus toxoids in the arm developed enlarged regional axillary lymph nodes several days later. The lymph glands were slightly tender, and there were no signs of a systemic reaction. Since the glands were still enlarged after an interval of from one to two months, biopsies were done. In each case, a simple adenitis was present which was interpreted as a hyperplastic response to the immunization antigens. M. C.

Antihistaminic Drugs in Treatment of Nonhemolytic Transfusion Reactions. Stephen, C. R., Martin, R. C., and Bourgeois-Gavardin, M.: J. A. M. A. **158**: 525, 1955.

A series of 1,616 patients was given blood transfusions containing 25 mg. of tripelennamine (Pyribenzamine). The antihistamine was added to the first bottle of blood but not to subsequent bottles, except when there was a 6-hour interval between transfusions or when more than 12 bottles of blood were given. A group of 1,515 patients received blood without the antihistamine and served as controls. The incidence of transfusion reactions was noted in each group. The occurrence of chills or an unexpected elevation of temperature of 1° C. or more during a transfusion or within 2 hours of its completion was considered a pyrogenic reaction. Such reactions occurred in 3.4 per cent of the tripelennamine-treated group and in 5.8 per cent of the controls. This indicated a protective action of antihistamine on the pyrogenic reaction.

Allergic reactions consisted of urticaria, erythema, maculopapular eruptions, and edema of the eyelids. Such reactions occurred in 0.6 per cent of the tripelennamine-treated group and in 3.1 per cent of the controls. Approximately one-half of these allergic reactions occurred during or immediately after surgery. A severe anaphylactic-like reaction, consisting of generalized erythema, urticaria, and unobtainable blood pressure, occurred in one of the treated patients and in two of the controls. All three patients were under anesthesia and receiving blood when the reactions occurred. M. C.

Antihistaminics for Allergic and Pyrogenic Transfusion Reactions. Wilhelm, R. E., Nutting, H. M., Devlin, H. B., Jennings, E. R., and Brines, O. A.: J. A. M. A. **158**: 529, 1955.

The incidence of transfusion reactions was studied in a series of 495 transfusions of whole blood to which 50 mg. of diphenhydramine hydrochloride (Benadryl) had been added to each unit of blood. The control series consisted of 453 transfusions given without the antihistamine. There were no allergic reactions in the Benadryl-treated group, while 1.1 per cent of the controls developed allergic reactions. The incidence of pyrogenic reactions was the

same in both groups. Antihistamines had no inhibitory effect on experimentally induced pyrogenic reactions in rabbits. In another experiment, it was determined that the addition of 50 mg. of Benadryl to one unit of whole blood caused no significant hemolysis. M. C.

Poliomyelitis and the Allergic Constitution. Lubens, H. M.: Ann. Allergy **13**: 265, 1955.

Studies made on poliomyelitis patients during the 1949 and 1950 epidemics revealed the fact that about 50 per cent of all the cases reviewed had a major allergic disorder (bronchial asthma, allergic rhinitis, urticaria, or eczema) or a positive family history for a major allergic disease. Furthermore, there was a much higher percentage of bulbar cases among the allergic group (active disease or positive family history) than among the nonallergic group. The mortality rate in the allergic group was considerably higher than that in the nonallergic group. H. F.

Modification of the Respiratory Response to Carbon Dioxide by Salicylate. Alexander, J. K., Spatler, H. F., and West, J. R.: J. Clin. Invest. **34**: 533, 1955.

Arterial blood CO_2 tension and hydrogen ion concentration were correlated with alveolar ventilation when increased amounts of inspired CO_2 were breathed by 3 normal medical students. When Bufferin was administered orally so that single doses of 1.8 to 2.4 grams of acetylsalicylic acid were ingested 90 to 120 minutes prior to study, there was little change in resting values of the above, but responsiveness to CO_2 stimulation increased from 84 per cent to 307 per cent. It is suggested that aspirin-induced hyperventilation is at least partially due to increased sensitivity of the nervous regulatory mechanism in response to a normal chemical stimulus. E. K.

Bedbug Bite Anaphylaxis Misinterpreted as Coronary Occlusion. Parsons, D. J.: Ohio M. J. **51**: 669, 1955.

A 41-year-old man who had been bitten by bedbugs was awakened with a choking sensation accompanied by swelling of the arm and neck. Within a short time he collapsed on the floor. He was examined by a physician, who found him to be in a hypotensive state. Electrocardiograms showed changes suggestive of anterolateral infarction and the patient was treated for coronary disease. It seemed possible that the bedbug bites might have been responsible for the patient's violent reaction. This possibility was investigated several months later by allowing a bedbug to bite him on the forearm. In one minute he developed itching at the site and in 5 minutes the forearm was red and pruritic. Whealing, with pseudopod formation, was noted shortly thereafter and in 14 minutes a moderate drop in blood pressure and generalized pruritus occurred. At that point, 0.1 c.c. of 1:1,000 epinephrine was injected into the site of the bite. Within a short time recovery took place. H. F.

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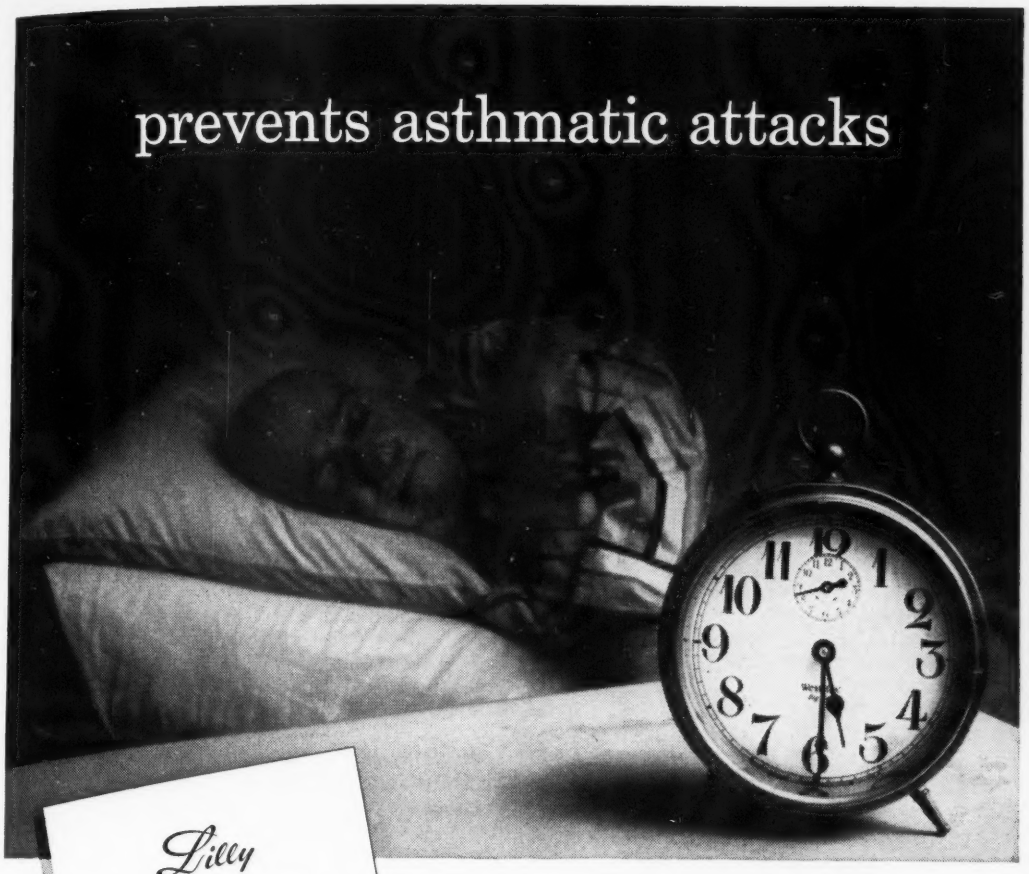

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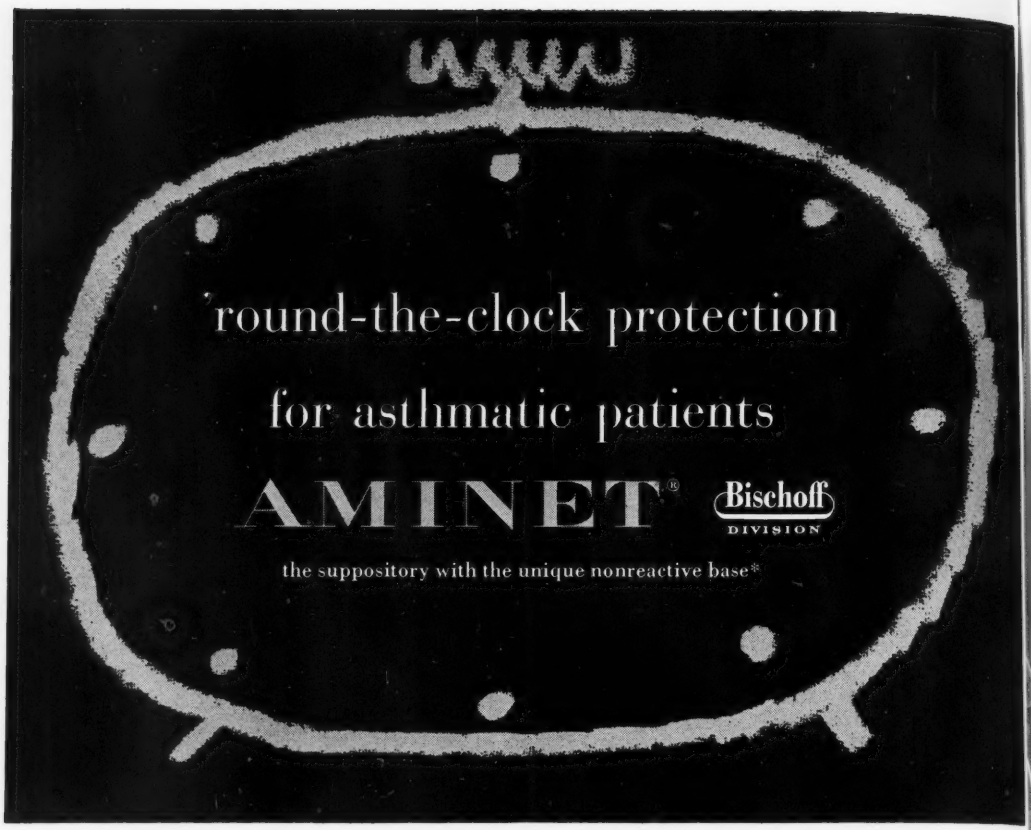

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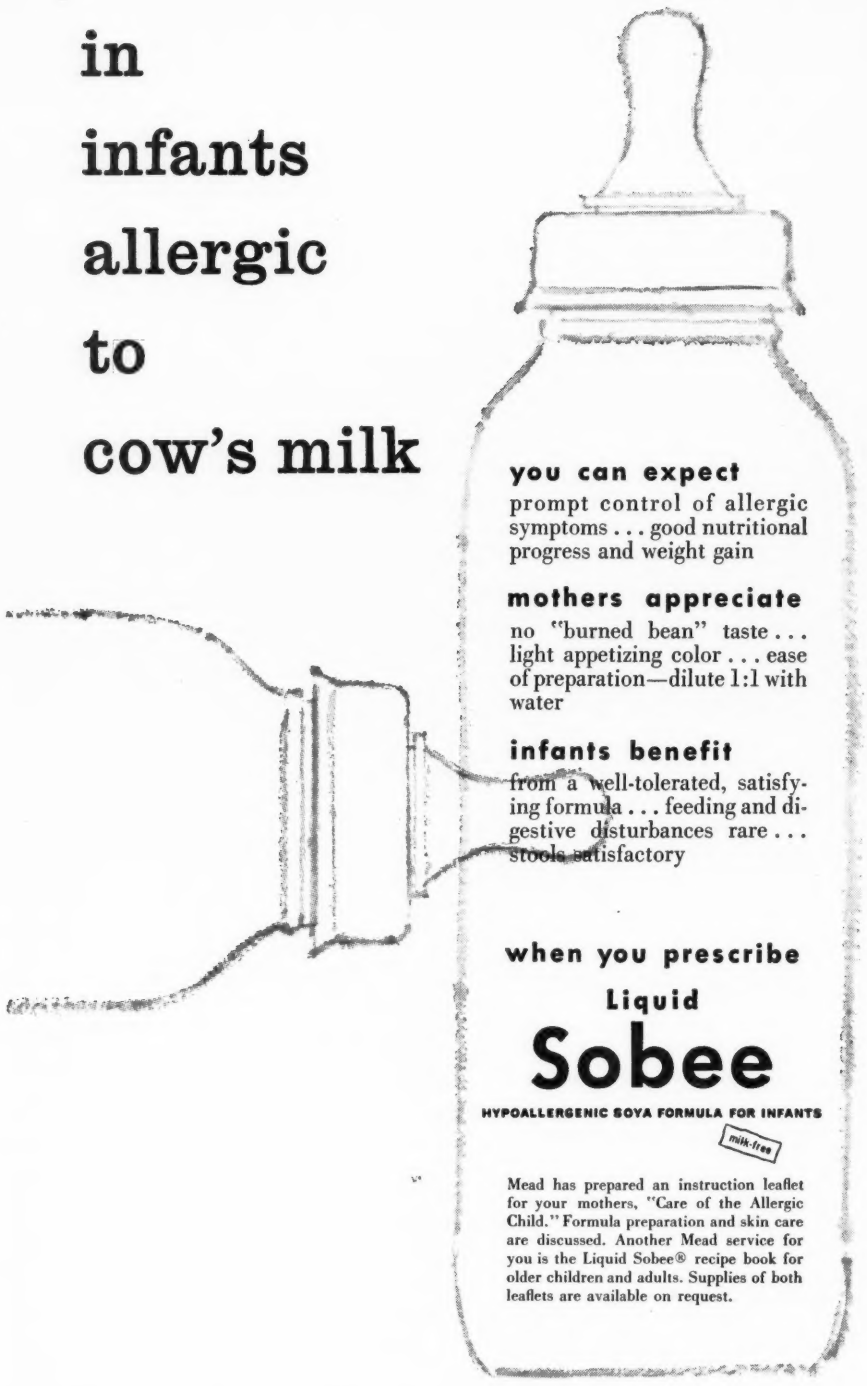

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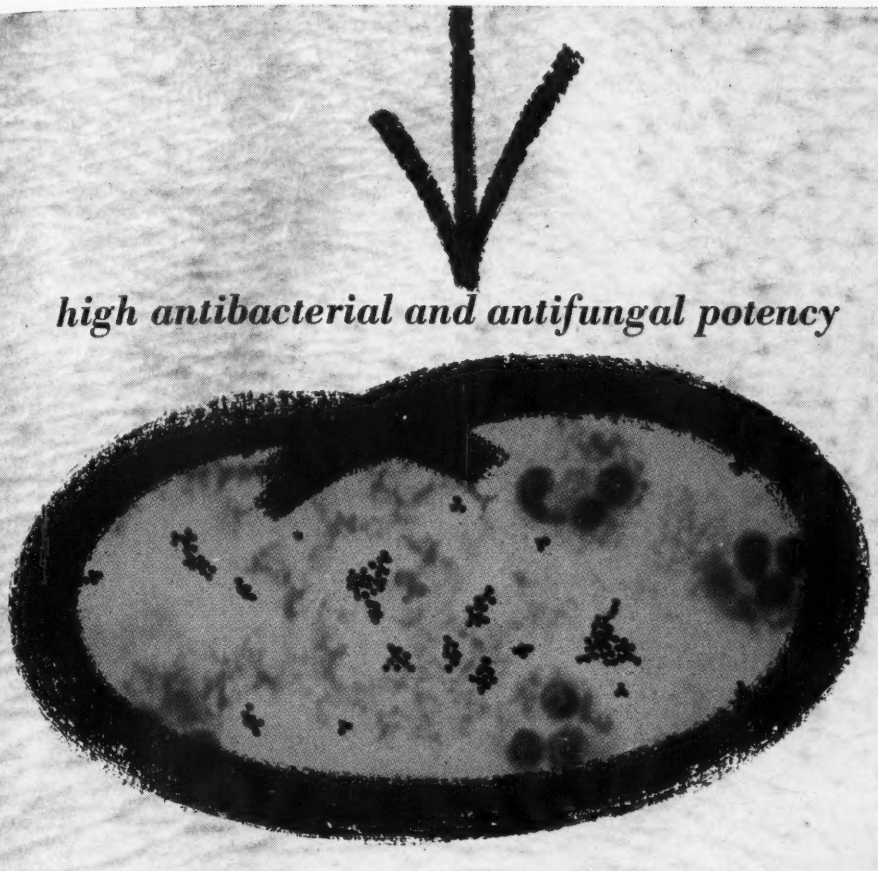

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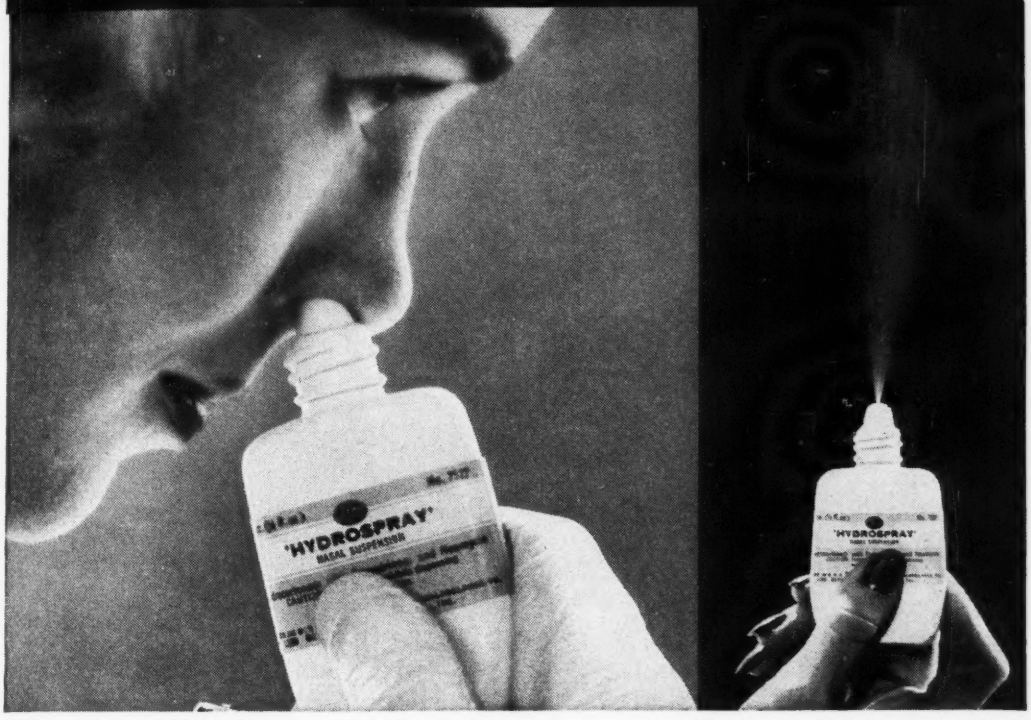

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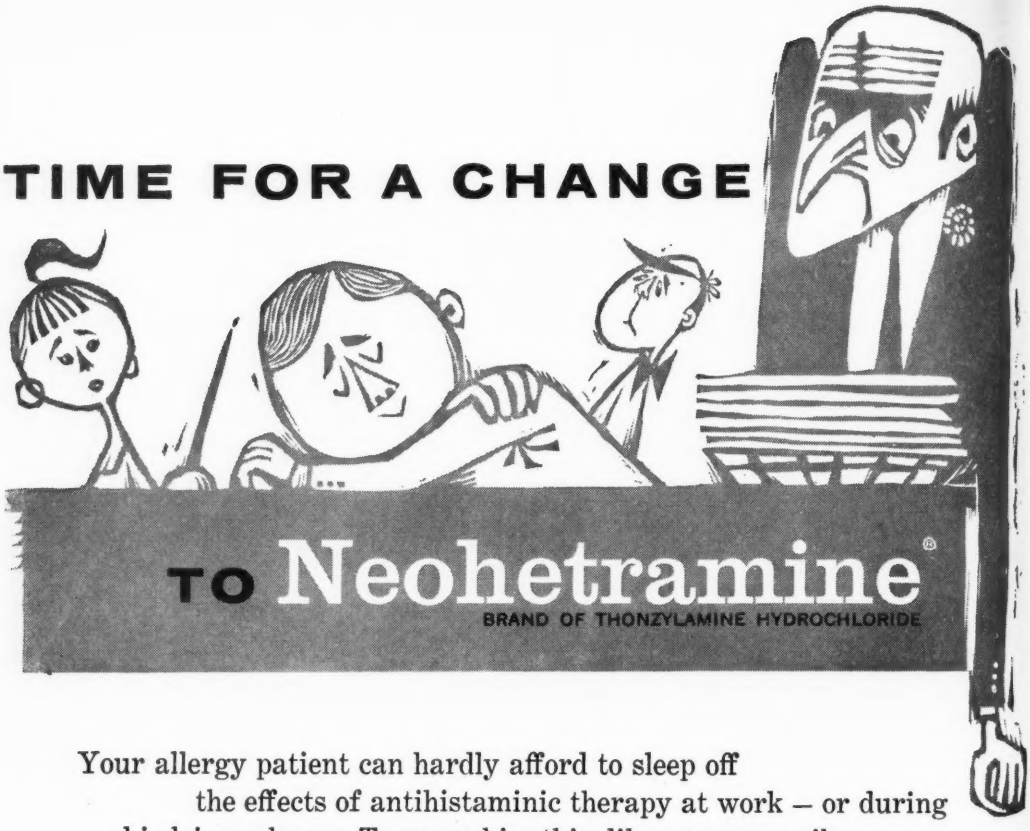

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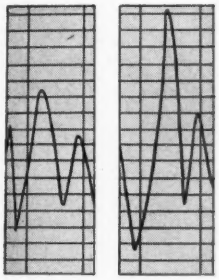

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1. Segal, M. S., and Dulfano, M. J., Chronic Pulmonary Emphysema—Physiopathology and Treatment; Modern Medical Monographs, Grune and Stratton, New York, 1953.
2. Motley, H. L., and Smart, R. H., Pulmonary Emphysema: Physiologic Factors in Diagnosis and Advances in Therapy; Journal of the American Geriatrics Society; Vol. III, No. 5, May, 1955.

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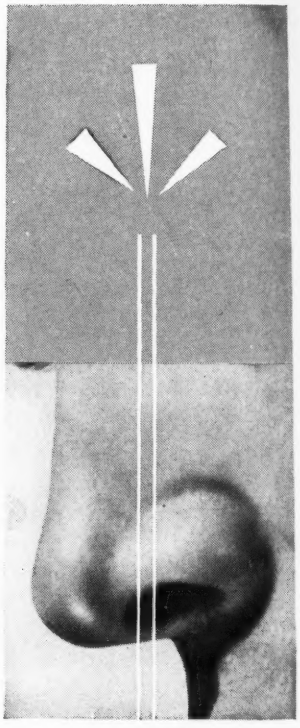

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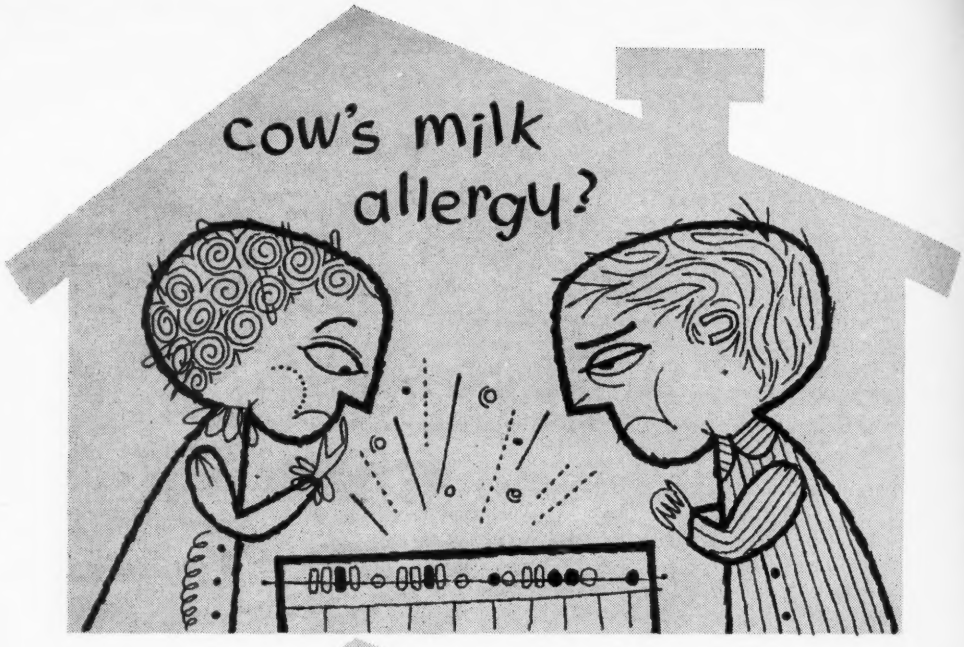

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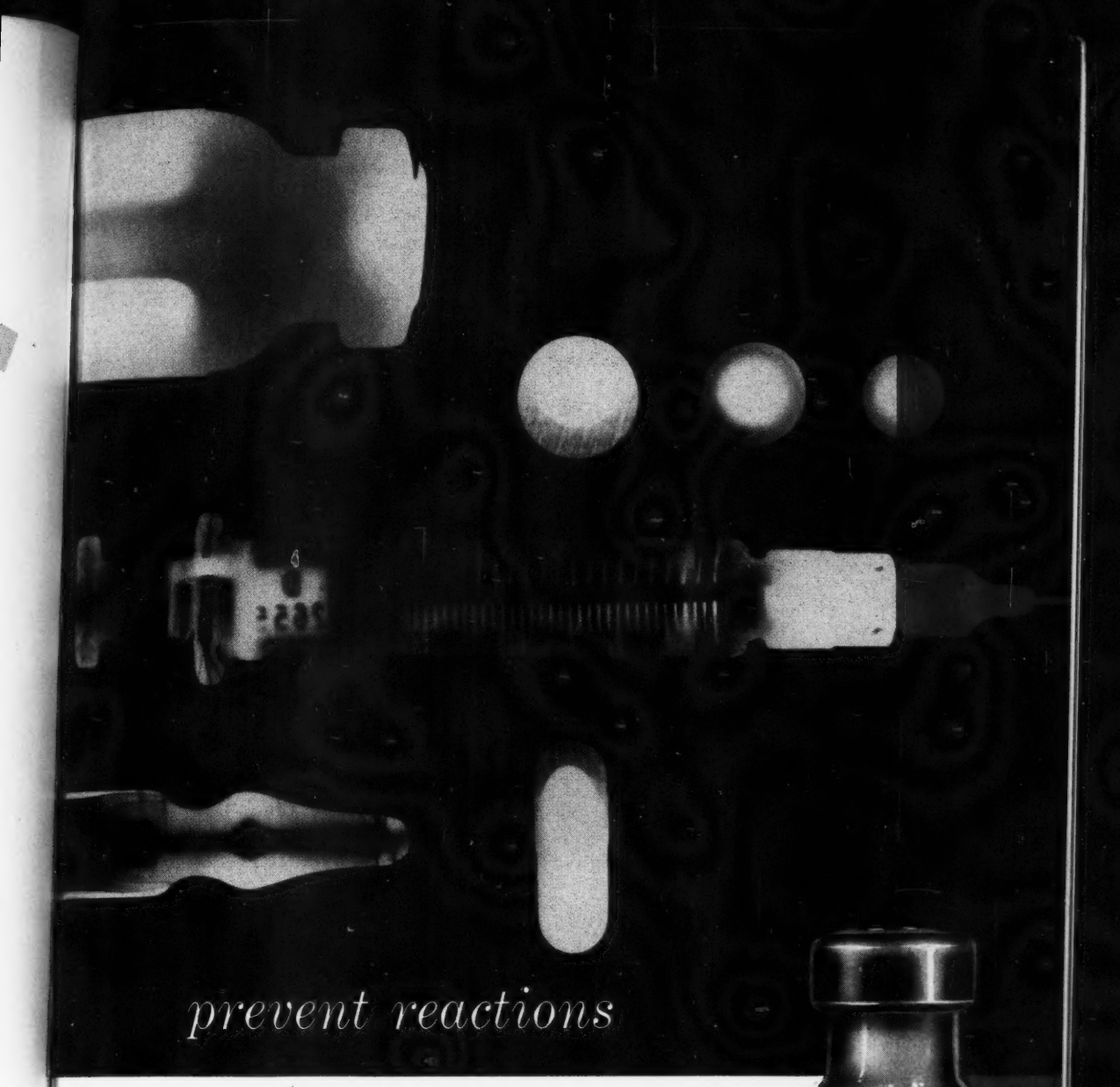

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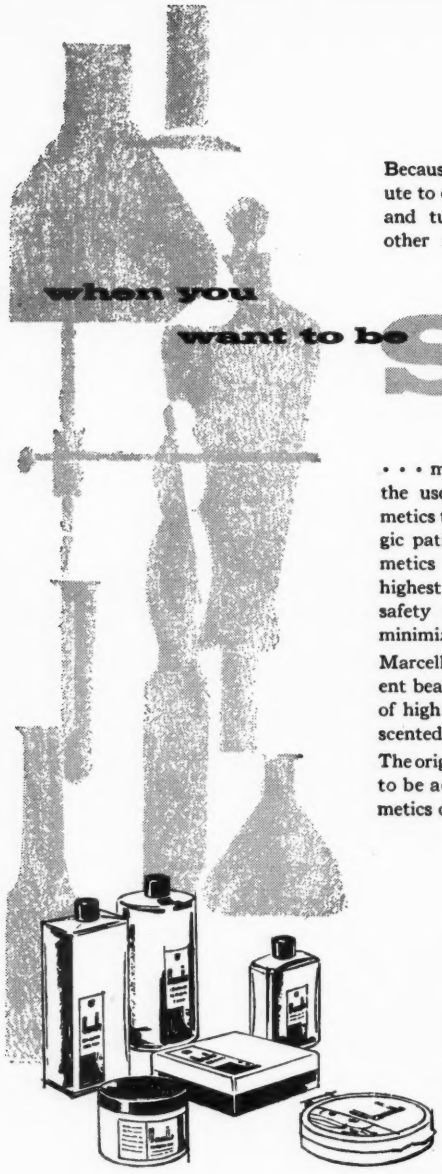

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Bibliography: (1) Henderson, E.: New developments in steroid therapy of rheumatic diseases, presented at New Jersey State Medical Society Meeting, Atlantic City, New Jersey, April 17-20, 1955. (2) Clinical Research Division, Schering Corporation: Compilation of investigative reports. (3) Criep, L. H.: Prednisolone and prednisone in the treatment of allergic diseases, to be published. (4) Robinson, H. M., Jr.: First International Conference on Meticorten and Meticortelone, New York City, May 31-June 1, 1955. (5) Sternberg, T. H., and Newcomer, V. D.: Am. Pract. & Digest Treat. *6*:1102, 1955. (6) Bunim, J. J.; Pechet, M. M., and Bollet, A. J.: J.A.M.A. *157*:311, 1955. (7) Waine, H.: Bull. Rheumat. Dis. *5*:81, 1955. (8) Tolksdorf, S., and Perlman, P.: Fed. Proc. *14*:377, 1955. (9) Herzog, H. L., and others: Science *121*:176, 1955. (10) Bunim, J. J.; Black, R. L.; Bollet, A. J., and Pechet, M. M.: Ann. New York Acad. Sc. *61*:358, 1955. (11) Boland, E. W.: California Med. *82*:65, 1955; abs., Curr. M. Digest *22*:53, 1955. (12) King, J. H., and Weimer, J. R.: A.M.A. Arch. Ophth. *54*:46, 1955. (13) Gordon, D. M.: Prednisone and prednisolone in ocular disease, to be published.

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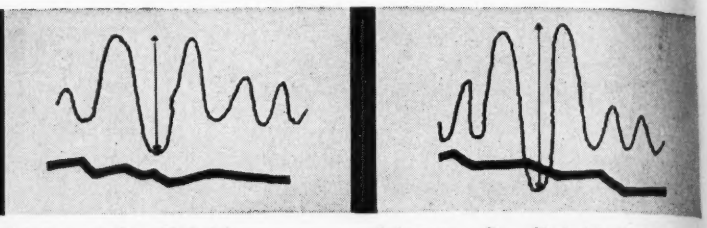
in bronchial asthma

objective
increase in
vital capacity



Spirogram before Choledyl therapy. Note markedly diminished vital capacity.

Spirogram after Choledyl therapy. Note in particular 44% increase in vital capacity.

Based upon Dann, S., et al.: Internat. Rec. Med. & Gen. Pract. Clin. 167: 265, 1954.

subjective
relief
of patient
suffering

Asthmatic (E.C.) before Choledyl therapy.

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dosage: **Adults**—Initiate with 200 mg. q.i.d. preferably after meals and at bedtime. Adjust to individual requirements. **Children over six**—100 mg. t.i.d.

1. Brown, E A., and Clancy, R. E.: Presented at the Eleventh Congress of the American College of Allergists, April 29, 1955, Chicago, Illinois. To be published.

NOTE: Clinical reports on the efficacy of Choledyl in bronchial asthma and other indications are available on request.

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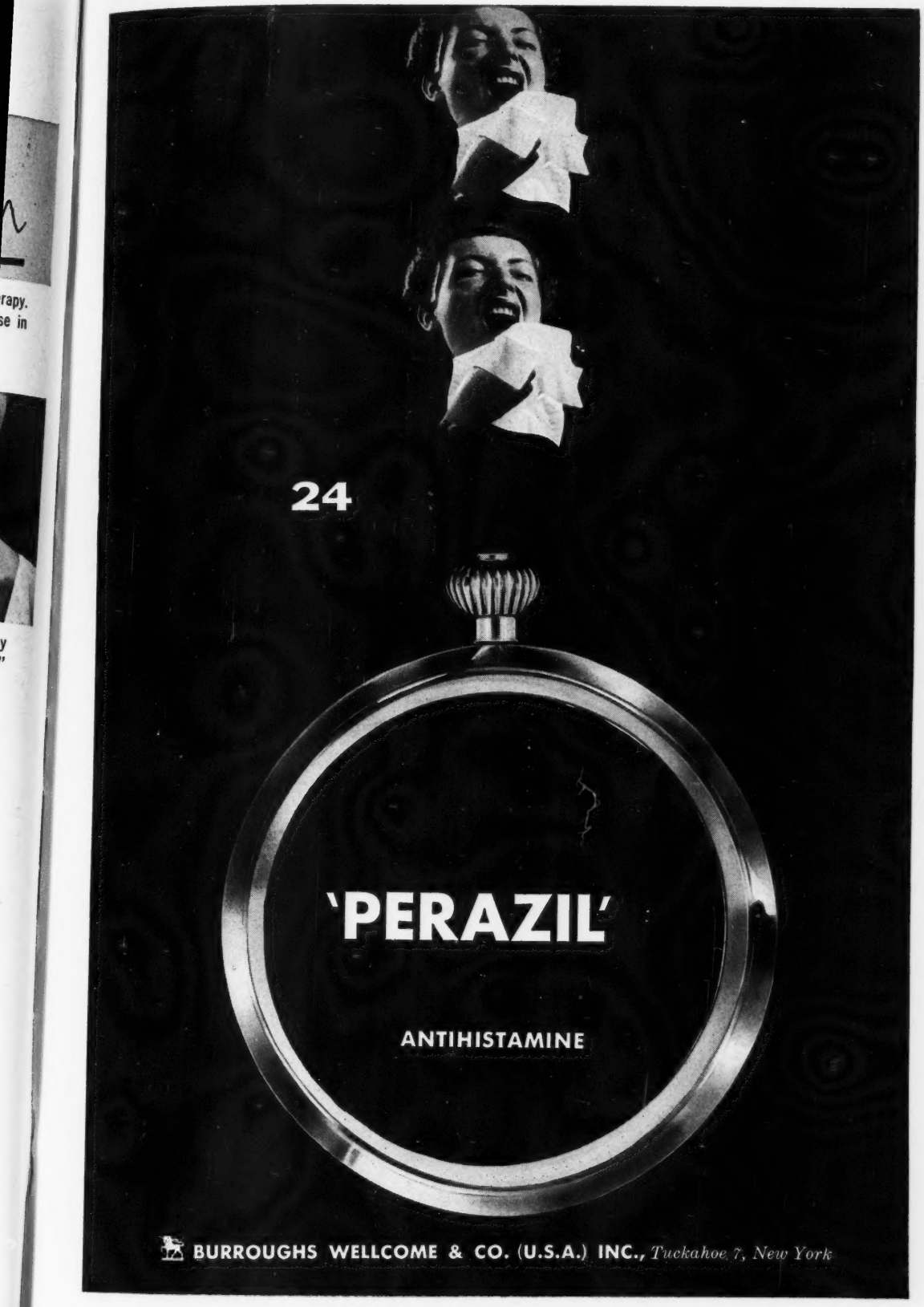
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*Fries, J. H., and Glaser, I.: Antigenicity of Banana, Raw and Dehydrated, Journal of Allergy, 21: 169, 1950.

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*Study of 50 children: Dees, S.C., et al., Ann. Allergy, *11*:297, 1953.

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1. Ratner, B. et al: A.M.A. Am. J. Dis. Child. 89:187, 1955.
2. Glaser, J., and Johnstone, D. E.: J.A.M.A. 153:620, 1953.

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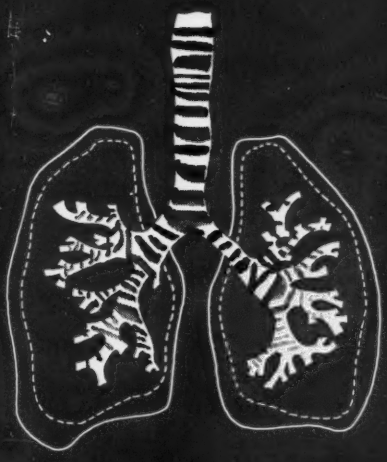

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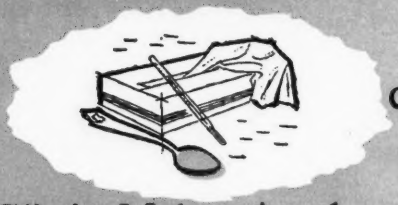
with the common cold  coughs of aller

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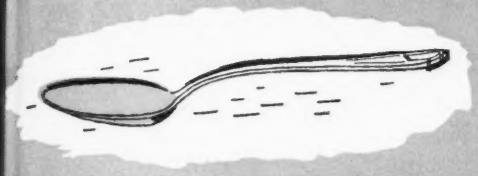

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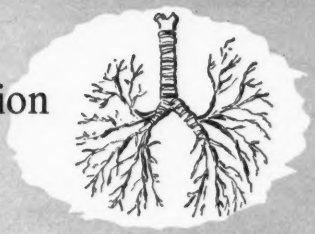

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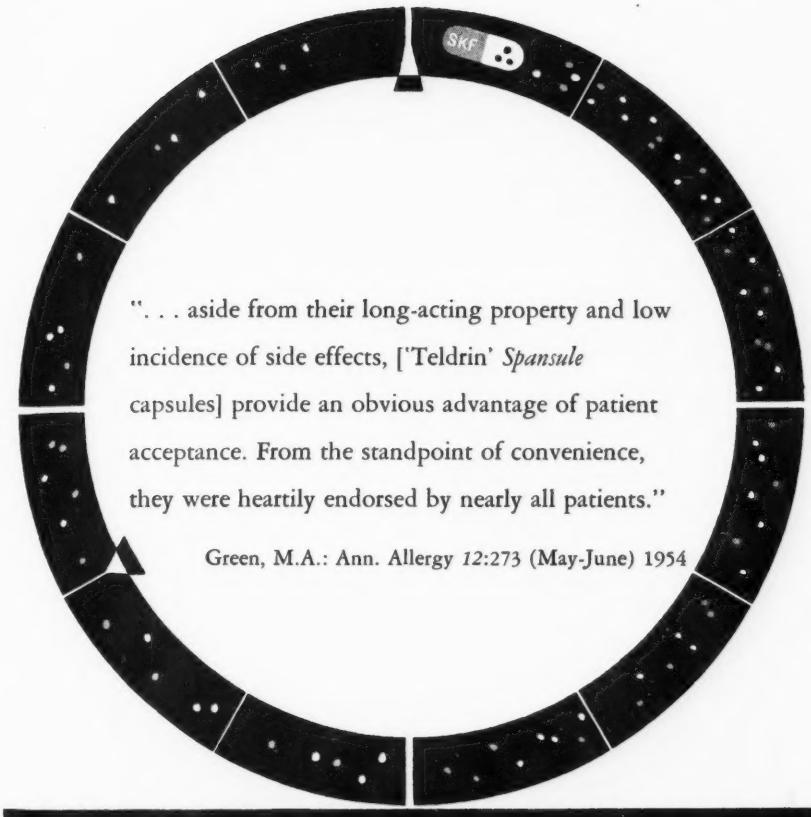
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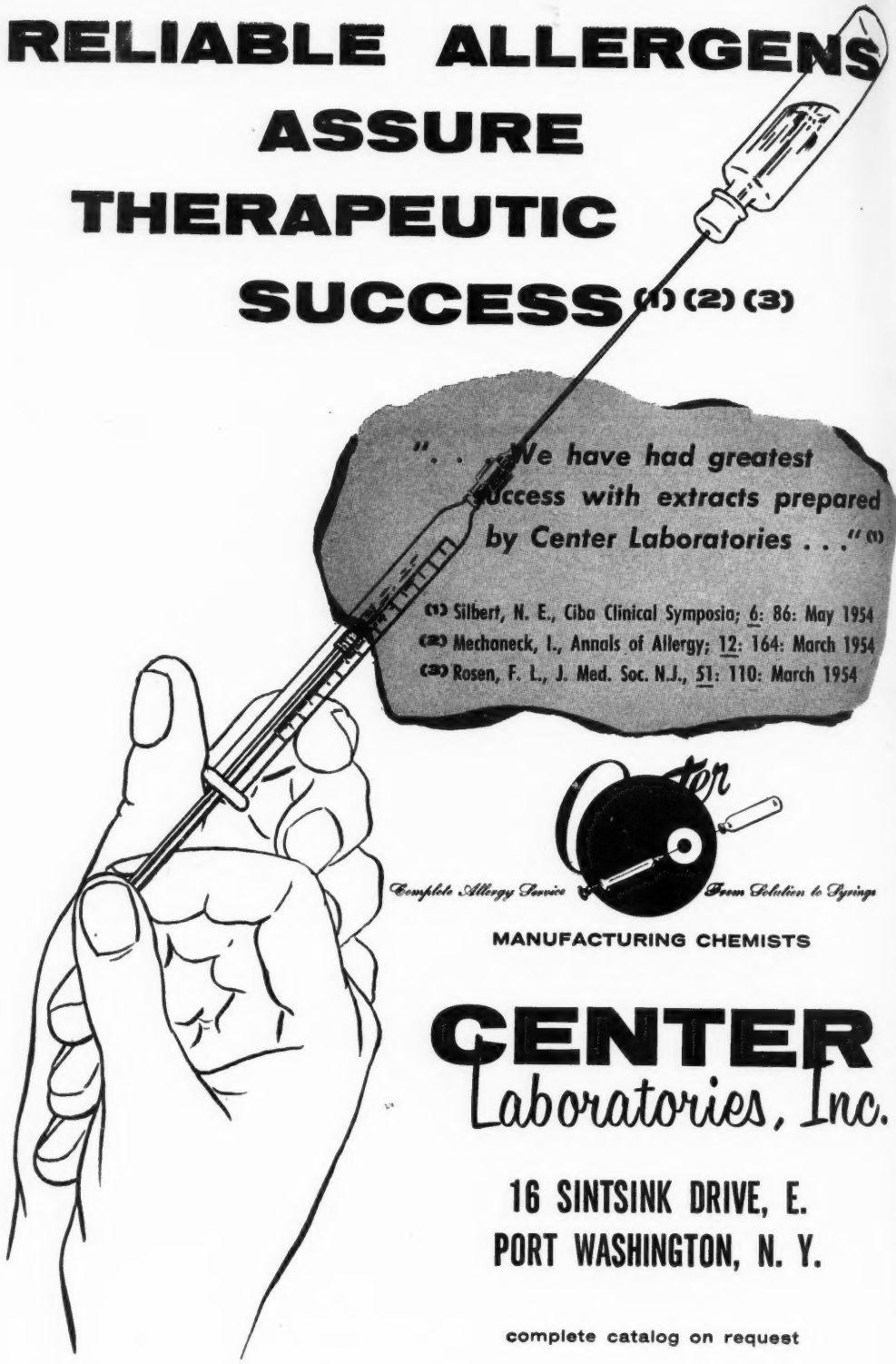

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(1) Silbert, N. E., Ciba Clinical Symposia; 6: 86: May 1954
(2) Mechaneck, I., Annals of Allergy; 12: 164: March 1954
(3) Rosen, F. L., J. Med. Soc. N.J., 51: 110: March 1954

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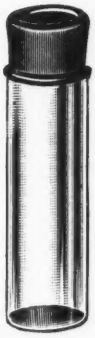

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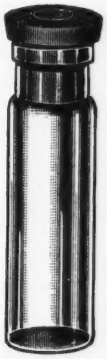

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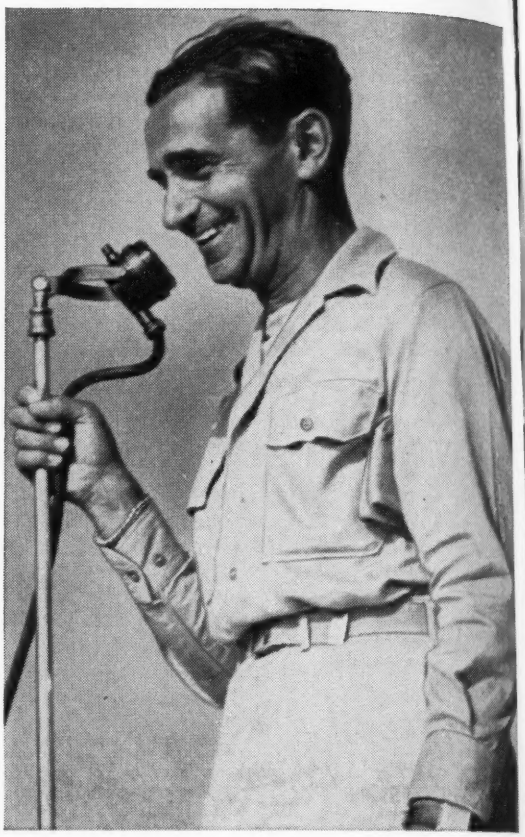

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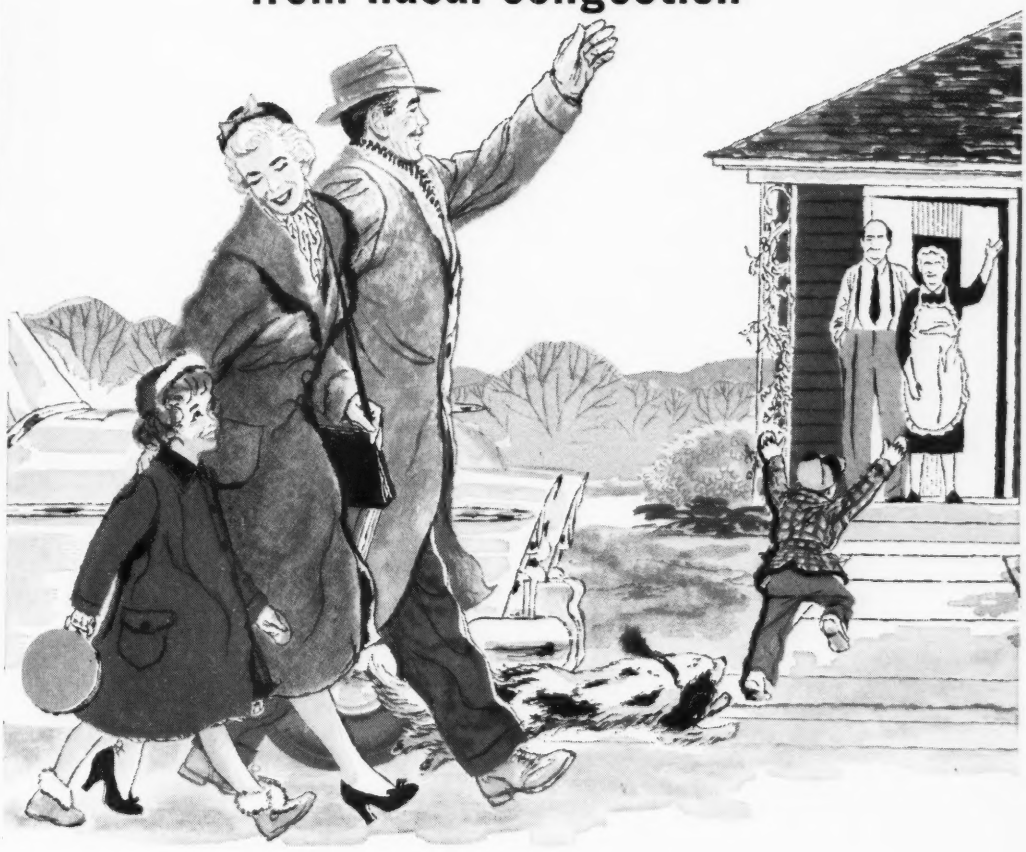

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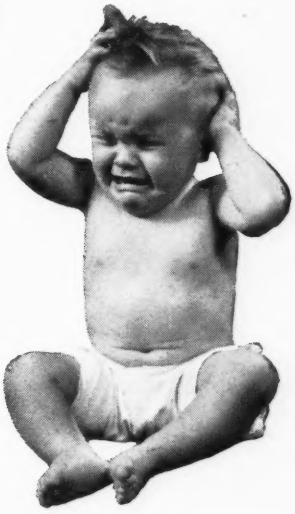

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1. Gay, L. N.; and Long, J. W.: Council on Pharmacy and Chemistry, *J. A. M. A.*, 139:452, Feb. 12, 1949.

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